STATE OF WISCONSIN, CIRCUIT COURT, (DECEDEN	T'S COUNTY)	COUNTY	For Official Use
IN THE MATTER OF THE ESTATE OF	Amended		
WILLIAM ELLIOTT,	Statement ( Informal Adminis		SAMPLE
deceased	Case No		
An application for informal administration was filed.			
<ol> <li>THE PROBATE REGISTRAR FINDS:         <ol> <li>The application is complete, including verification</li> <li>The applicant is an interested person.</li> <li>The court has jurisdiction and is the proper venue</li> <li>The requests and consents regarding use of informing given to all persons entitled to notice.</li> <li>waived.</li> </ol> </li> <li>The decedent died on (Date) July 1, 2011</li> </ol>	e. rmal administration are co	mplete and r	notice was
<ul> <li>A. no will.</li> <li>B. a will dated October 1, 2010</li> <li>□ was/were in possession of the court</li> <li>□ accompanied the application</li> <li>□ was/were administered elsewhere a and is a valid uncontested document(s) executed informal administration.</li> <li>6. The nominated personal representative(s) Mary is/are not disqualified by law or otherwise deementary.</li> <li>□ No administration is pending either before the context administration.</li> <li>□ Administration. Proof of administration according to the context administration.</li> <li>□ 8. Other:</li> </ul>	and an authenticated copy I in compliance with the standard solution in another jurisdiction or in another jurisdiction panies the application.	accompanie atutes and de iction, OR	s the application oes not expressly prohibit
THE PROBATE REGISTRAR STATES:  1. The application for informal administration is grand in the second of the secon	tted.  bond. □ a surety bond in liam Elliott for benefit cond. □ a surety bond in	n the sum of	<u>ler</u> ,
☐ See attached for any additional trusts.			
Form completed by: (Name) Mary Smith	Pro	obate Registrar	
Address 555 Blank Street Samenlage, WI 51111	Name	Printed or Typed	
Someplace, WI 51111		Date	

Bar Number (If any)

N/A

Telephone Number

(715) 999-9999

PR-1808, 10/10 Statement of Informal Administration §853.04 and Chapters 865 and 879, Wisconsin Statutes
This form shall not be modified. It may be supplemented with additional material.